

**Interview with Susan Anderson**  
**[at AMHI for 3 months in 2002]**

**September 16, 2003**

*Interviewer: Karen Evans*

*KE:* I want to start by talking about your experiences at AMHI itself and then we will go on to where you are today. So my first question is to you, why did you go to AMHI?

*SA:* Because I was suicidal and I didn't want to live anymore.

*KE:* When you think about AMHI what memories come to your mind? These may be positive or negative; it is up to you.

*SA:* The only thing that comes to memory at AMHI is the bad experience that I did have at that location.

*KE:* Would you like to talk about that?

*SA:* Yes I would. I was very nervous of the mention of AMHI. You know, there is a stigma about AMHI. So when I went in there my eyes were twitching extensively to the point that I couldn't even see. They then told me they were taking me in to have a shower in the shower room. I went in with a new girl that was on. She had blondish/brownish hair and glasses. I can't remember her name. But she escorted me into the shower room. She would not let me have a bar of soap and a washcloth; I had to ask for it. She kept watching me have a shower. She wouldn't even close the curtain and allow me to have a shower. There was nothing there that I could hurt myself on, you know, I mean. But she did not need to watch me dry off. She did not need to watch me, hand me soap when I needed the soap, hand me shampoo when I needed shampoo. She could have just given it to me and I could have had my shower privately. But she did not allow me to do that. She did stand there and watch and observe me and I felt very like my confidentiality and my privacy was completely blown apart at that point. That was when I was first coming in. .

*KE:* It sounds like it was a pretty horrendous experience for you.

*SA:* I can never forget it.

*KE:* When were you there? Do you remember?

*SA:* I believe it was February of 2002.

*KE:* How long were you there?

*SA:* I was there for a week.

*KE:* Was that the only time that you were at AMHI or had you ever been there before?

*SA:* That was the only time that I was at AMHI. I practically told them anything they wanted to hear just to get out of there because of the horrendous experience I had going in there.

*KE:* What was life like for that week at AMHI? What we are trying to get at is a structure of the day, what happened?

*SA:* After I first got to the floor, it was during the middle of the night, so they got me into my room, you know, and I went to bed. I didn't sleep. I felt like somebody was watching me. I got up in the morning went down had breakfast when they showed me where to go and eat in the cafeteria room that they had on each floor. It was very structured. You don't get your tray until they call your name. You sit there and you are quiet. If you talk, you don't get to eat. My eyes were twitching constantly for the first three days that I was there. I tried to settle in the best I could. I tried to focus so I could see something out of my eyes. They were twitching constantly. Like I said my privacy at that time had been invaded and totally blown apart, so I didn't trust anybody while I was first there. The structure of my day is you go in there, you have breakfast, go get your pills, have lunch, play around in the afternoon. You could watch TV, play games with people, have supper, get your pills, and go to bed.

*KE:* Were there people at AMHI that affected you in a positive way? This can be either staff or patients.

*SA:* There was a staff member there that was very nice. He noticed my eye twitching and he came up to me and made himself very well known. I can't remember his name, but he was an absolutely wonderful person. He said I know it is hard being in here for your first time. I did tell him what happened to me and he made himself accessible to me one-on-one, and that started me focusing on a person to talk to so that I wasn't feeling like I was in a massive room of people. You know, we are co-ed—girls are down this hallway, boys are down this hallway. It made start to focus on somebody. So my eyes started to straighten out.

*KE:* You already talked about the negative experiences you had with the one staff when you first were admitted to AMHI, were there any other people that you had notable experiences with?

*SA:* Not really no.

*KE:* So that was the main one.

*SA:* That was the main one.

*KE:* Who helped you most, was it this individual that you were just mentioning?

*SA:* Yes, it was that staff member.

*KE:* What was the culture like at AMHI? What we are trying to get is the relationship between the different people—the community, the staff, whatever you feel like talking about.

SA: It is very different. I have been many institutions, many different hospitals because of my suicidal thoughts and suicidal actions. But at AMHI the staff was very appropriate with the way they were intermingling with the different people with their problems. Of the people that I had on the floor with me there was one that wanted to start fights all of the time and that made people nervous. But the staff counteracted, you know, to try to maybe watch this individual a little bit more, you know. There were a lot of different people there for the different reasons and the way that I saw in my personal opinion is the staff didn't intermingle very well and they gave the extra time, to where the extra time was needed. One girl that I met there did have to go into four point restraints, and it was handled very discreetly and it was handled very properly. It wasn't made well known to everybody. It was, you know, people knew that were there at that time that there was a problem going on and like I said the staff did handle it in a proper manner.

KE: Can you tell me about your relationship with other peers?

SA: My relationship was pretty good. I had a problem with the ones that were very forward coming forward to me. I had a problem with the man that wanted to fight. My history is I have been abused since the age of three by my father and a male figure showing authority makes me very nervous. So intermingling in that kind of person was very hard for me to do. So I did feel safe going to a staff member to try to calm myself down and help myself out that way. But I intermingled well with quite a few other people that had problems.

KE: What kind of treatment did you receive while you were at AMHI?

SA: I met with a psychiatrist...They had a meeting room, and my caseworker, my LCSW did come up. They were in contact with my psychiatrist... I met with the panel up there. It was a very positive meeting. Like I said, I said anything I could just to get out of there because I had such a bad experience going in.

KE: Did you have a treatment plan and were you part of that plan?

SA: I was part of that plan, yes, and I did have a treatment plan. I was made very aware of my treatment plan.

KE: What kind of activities were going on when you were up there? Did you participate in any of the activities?

SA: I did. I guess you have to start when you go in there, you are at a zero and then you have to earn points to be able to do different activities. As you reach a certain level then you go down. I reached a certain level after a couple of days and I could down to the next floor down and we had arts and crafts and played the piano and played pool and read books and did all kinds of things, and there was a snack machine down there and things like that. So I did get to intermingle. When I was close enough to being able to leave at the end of my week, they did let me go on the van trip out and we went shopping and it was very nice. It was very relaxing to go on a van ride and be able to intermingle with people that way instead of the closed unit.

*KE:* How did staying at AMHI affect your family and friends? Were they able to visit you or did you feel isolated while you were there from your family and friends?

*SA:* It was quite a drive for my family and friends, being that I live in Standish. It is quite a ways a way...It was very hard. My family did come up one day and see me and then they came up to pick me up.

*KE:* So you did have some sort of a relationship.

*SA:* I did have a relationship and the staff was very nice letting me punch in their codes, so I could make calls to home.

*KE:* What happened when you left AMHI? What was your discharge plan like?

*SA:* My discharge plan was mainly to work with my therapist, my caseworker, my psychiatrist on my suicidal thoughts...There was this time with the years and years of abuse that I have been, I have been exactly 40 years of abuse from one way to another and it is very hard to stop something once you learn at young age how to be able to do it. My treatment plan did work around the issues that we did discuss in the meeting with all of these proper authorities that were there on my side at that time.

*KE:* Did you have a say in your discharge plan? Tell me a little bit.

*SA:* Yes I did. Like I said, my LCSW was there and my therapist was there. They did intermingle; they did involve me very much in my discharge plan. They asked me if this would be acceptable, if it was appropriate. They very much involved me. I was well aware of what was expected to go out of AMHI.

*KE:* Is there anything else that you would like to say about your stay at AMHI?

*SA:* I did have problems after AMHI. I still do. But my stay at AMHI was one that I will never forget. I feel I was invaded. As such it still plays repercussions on me at times. That is what I would like to say.

*KE:* Can we talk a little about your experiences and thoughts for today. I want to start out by asking how are you doing today.

*SA:* I am doing okay.

*KE:* What are you doing at this point that gives meaning to your life? What kind of work? What kind of activities? What is your life like today?

*SA:* In December of 2002, I had taken a 20-hour staff position at Amistad. As of tomorrow, September 17<sup>th</sup>, I am resigning my position as transportation coordinator at Amistad to be able to put my voice where I feel I can advocate better for people in Amistad and that would be on the Board of Directors. I feel after experiences that have happened to me, I see a lot of myself in a

lot of people that are here. I feel I can advocate for them on a different level at this time. I am also looking forward to my daughter and I are taking a one-month vacation to Oregon by ourselves and I leave next Tuesday. So I am looking forward to my daughter not thinking that I do everything for everybody else and try to build a relationship, a mother/daughter relationship that I can value.

*KE:* It sounds like you have got a lot of good plans. In what way now are you connected with your family? You talk about your daughter, but talk a little bit about your husband and other family members and your friends? What kind of relationship do you have with them?

*SA:* I have a very good relationship. At times it is hard. Every relationship has its ups and downs. When I do have problems my husband is hearing impaired, so he does not understand a lot of what I am feeling or why I do what I do. He is trying to learn. He has a lot of time, but he has no clue what to do for me when I am having a depression thought or suicidal thought. If something is not going right and I just feel so overwhelmed, I go into my bad habit of thinking I have to cut myself. My husband has a very hard time, so he naturally tries to contain me in an area, so I don't hurt myself. He feels he is doing better in really he is doing me harm. It is really hard for us, but through my therapist, we are going to couples therapy and trying to work on some issues there. As far as my children, I have a son that is going to be 20 in a couple of weeks. I feel I have done something right. I have done something right with my children, even though it has been hard for them when their mom has been in the hospital so much and seeing all of the abuse that I have taken and what I have gone through throughout my lifetime. You know, no mom ever wants their children to go through what they went through. So you try to make their life a little bit better in different ways. We try hardest to do that...My son and I went to a retreat and had a wonderful time...He tells me on a daily basis that he loves me. He gives me a hug and kiss every night before he goes to bed. Like I said, I am working on a relationship with my daughter. As far as my friends, I have a lot of friends. I may act silly at times, but it is my way of trying to cope with what can be an odd time or if I am feeling I am having a bad time, I use humor as a way of trying to work things out. Now I am trying to structure myself to think before I react to cutting myself. I am trying to do that everyday. I struggle. But I think I am making progress. Actually, if you talk to my therapist, you would see that I have come a long way in a year and I have met so many nice people here. I just love this place and I have met so many. I have met you and I think you are absolutely wonderful. I think you do everything you do very well. I just have the utmost respect and everything for people here.

*KE:* Have you experienced discrimination or stigma because of your illness?

*SA:* I think society as a whole has a stigma about people that have mental illness. But I had been in some places that had a rough time in stores. I have a hard time sometimes going into the supermarket and doing my shopping. I shake, I shake and I cry going shopping. It is hard for people around me that don't understand. My daughter said once my mom has got bipolar and people just like booked it to the end of the aisle; they just left me there. It is like people just take off. They don't even try to understand that I am having a hard time, but am not going to hurt anybody. People give you looks and make comments. It is really degrading...I breathe air like they do. They breathe the same air and we all have a heart. If we didn't have that we wouldn't be here. It is just discourages me the way people think.

*KE:* I want to talk about recovery a little bit. I want to ask what does recovery mean to you?

*SA:* What recovery means to me is every time I go to my therapist or I have my licensed case social worker. Recovery to me is when I go into a session and I talk about and tell about how or what things have been going on. To me the start is when I can come out and actually feel good that I have made a step forward, that I have finally come to closure with a problem that I was having, you know, to take that next step on. I try everyday to think of better ways to help myself. My family does. My therapist does, my caseworker does, and my psychiatrist does. I think all together recovery to me is making that next step and just keep going. You have got to have faith in yourself and try to keep that faith in yourself or you are never going to anywhere. So that is what I try to do with my recovery.

*KE:* Has spirituality played a role in your recovery?

*SA:* Yes.

*KE:* Would you like to talk about that?

*SA:* I do go to church. My mother-in-law passed away six years ago. She had a vision that she was having a heart attack and she said, the last words she said were let me go Jesus was here, I know Jesus now. I do go to church. I do believe that the Lord has good things for us as well as bad things and that is the way life is. I do see that He puts us in a direction to be able to try to help ourselves.

*KE:* What has been the greatest challenge or obstacle in regards to the recovery process?

*SA:* Trying to think before I react. That is my hardest, hardest obstacle, hardest thing for me to do. I had been abused from the age of three and it was daily abuse. It wasn't weekly abuse or every other day or one hour a day, it was constant abuse from the age of three. I can't even remember now.

*KE:* Your greatest obstacle.

*SA:* I have to remember and try to remember coping skills that I am working on in my therapy. But I don't always do that. The natural thing for me is that when things don't go right, go find something sharp and cut myself to pieces. That is the natural thing for me, and it is not what I want to do. I want to be able to take control and say I can do this and there are a lot of days now that I can say that, I can do this. But the biggest obstacle for me is trying to think before I react. That is the one thing that I still have to work on, but I am working on it.

*KE:* How have your hopes and goals changed since you spent time at AMHI?

*SA:* I guess being in different places and then going to AMHI and have happen what happened to me, it made me realize that...because of people doing things in different ways...I have been on a locked unit before, [and] it has always been you can come in here and have a shower. I guess I am not used to people watching me. I guess that experience and that is why I work so hard now

to stay out of the hospital, because I don't want to go back to AMHI...I still to this day I have a problem. I feel like people are watching me at times. I don't want that again. I am trying to stay out of AMHI...It is not a totally bad thing. I am just trying to structure myself, and I don't have to go back. If I have to go back, certainly I will go back, but I am trying not to go back.

*KE:* My last question for you is, you know that we are building a new psychiatric center in Augusta, River View Psychiatric Center. It is going to replace AMHI and I am wondering if you have any advice that you would like to give the staff in regard to River View Psychiatric Center or hopes for it, if not advice. What is one of your hopes for the psychiatric center?

*SA:* My hope would be that the staff remember that people are people. We are all there for our own different issues. Just keep the kindness, respect and the dignity that people deserve. When people need that private moment in the shower or in the bathroom, maintain some respect and dignity for that person and let them have their privacy to the certain extent that you can in a situation that you can. My words would be to the staff, be who you are for the people. Be the professional person that you are with the people. Maintain the communication, the respect, the dignity, confidentiality, work with the people because some of them are there because they just stayed, others of them are there because they don't have the caseworkers or psychiatrists or the therapists. They are wandering around lost. Size up the situation to see, and just treat the people the way people should be treated.

*KE:* Thank you so much for this interview.